

REMARKS

Claims 8, 9 and 11-14 are pending in the application. Claim 8 has been amended and is fully supported by the specification and drawings. No new matter is presented. Reconsideration is requested.

Rejections Under 35 U.S.C. § 103(a)

Claims 8, 9 and 11-14 have been rejected under 35 U.S.C. § 103(a) in view of Adams et al. (U.S. Patent No. 6,099,497) in view of Webster et al. (WO00/27463). Applicant respectfully traverses. Independent claim 8 has been amended to recite that after inflating the long and short balloons to radially expand the stent the "opening to the side branch vessel is not blocked by any portion of the stent." An important feature of the method of delivering a stent of the present invention includes inflating a stent in the main branch vessel proximate the opening to the side branch vessel so that no portion of the implanted stent extends distally beyond the opening to the side branch vessel. If the stent in the main branch vessel extends distally beyond the opening of the side branch vessel, the side branch vessel will be "jailed" or blocked by the stent structure so that later access to the side branch vessel is impossible. Further, blocking the side branch vessel with any portion of the stent may result in inadequate blood flow into the side branch vessel. As amended, claim 8 is now more clear in that the "opening to the side branch vessel is not blocked by any portion of the stent" after the stent has been expanded by the long and short balloon. In contrast, Adams discloses expansion of a stent that totally or partially blocks the side branch vessel when expanded (*see* FIGS. 9, 14D and 17).

In the Office action, the Examiner notes that Adams et al. fails to disclose no portion of the stent being disposed distal to the opening of the branch vessel and to remedy this defect, would take the stent disclosed in Webster et al. and mount it on the dual balloon catheter shown in FIG. 17 of Adams et al. Applicant respectfully disagrees

that the stent of Webster et al. can be mounted on the dual balloon catheter of FIG. 17 of Adams et al. and be placed in the main vessel without extending distally into the side branch vessel, and at the same time stent the opening to the side branch vessel. As can be seen from FIGS. 1a, 1b and 1c of Webster et al., the distal end 4 of the stent would extend into the opening of the side branch vessel if the stent were mounted on the dual balloon catheter disclosed in FIG. 17 of Adams et al. The distal end 4 of the Webster et al. stent cannot be positioned anywhere in the main branch vessel without either blocking the side branch vessel, which is specifically excluded in claim 8, or extending distally beyond the side branch vessel, which is also specifically excluded in claim 8. Accordingly, it would not have been obvious to one of ordinary skill in the art at the time the invention was made to configure the stent of Adams et al. with the stent of Webster et al., which would block or jail the side branch vessel or extend distally beyond the side branch vessel, both limitations of which are specifically excluded in independent claim 8. Accordingly, claim 8, and the claims that depend therefrom, are patentably distinguishable over Adams et al. and Webster et al.

Conclusion

Claims 8, 9 and 11-14 remain pending in the application. Reconsideration is respectfully requested. If a telephone conference would facilitate prosecution of the application, the undersigned can be reached at (310) 824-5555.

Respectfully submitted,

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